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Narcotic Painkiller Use Booming Among Elderly

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Gary Wickert had wanted to buy a pill organizer for his wife, Patricia.

Patricia, 71, was taking powerful narcotics to deal with chronic pain from a hysterectomy that didn't go as planned.

The drugs made her confused and disoriented. She napped frequently, and her memory faded. She started falling while walking around their Muskego, Wis., home. Sometimes she couldn't remember if she'd taken her pills.

But she scoffed at the pill organizer, telling her husband, "I know what I'm doing."

About a year after her surgery, she fell asleep one night on the couch and Gary decided to let her sleep rather than waking her so she could move to their bed.

The next morning, he found her dead.

Patricia's blood had toxic levels of hydrocodone, one of the most commonly prescribed narcotic drugs.

Years ago, Wickert might not have been prescribed the powerful narcotics for an extended period of time.

Opioids were prescribed primarily for cancer pain and short-term relief immediately after surgery or an accident.

But increasingly, the drugs have been prescribed for chronic pain, an area where their safety and effectiveness is unproven, especially for older patients, a [Journal Sentinel/Medpage Today investigation found](#)

This increased use of opioids for noncancer pain prompted the FDA to convene a 2-day public hearing today and tomorrow to investigate "available data on the efficacy of analgesics in the treatment of chronic noncancer pain."

The "Golden" Oldies

Though a growing number of experts believe the drugs may do more harm than good, the country's aging population has become a prime market for the multibillion-dollar-a-year industry.

Since 2007, top-selling opioids dispensed to people 60 years and older have increased 32%, according to a Journal Sentinel/MedPage Today analysis of prescription data from IMS Health, a healthcare information company. That's double the growth for prescriptions dispensed in the 40- to 59-year-old age group.

The increase has been fueled in part by doctors and pain advocacy organizations that receive money from drug companies and make misleading claims about the safety and effectiveness of opioids, including a reassuring statement that that "addiction is rare" in elderly populations.

Since the late 1990s, drug makers have paid millions of dollars to influential researchers and organizations that advocate greater use of narcotic painkillers.

Concurrently, national guidelines for treating chronic pain have become far friendlier toward the use of these drugs -- often doctors. And doctors who receive money from drug makers have been the prime movers behind those changing guidelines at the center of changing those guidelines.

In 2009, the American Geriatrics Society joined others in advocating for greater opioid use to treat chronic pain in seniors, especially those 75 and older. The group's guidelines are a key reference for thousands of doctors on the front line of medicine.

The new guidelines recommended that over-the-counter pain relievers, such as ibuprofen and naproxen, be used rarely and that doctors instead consider prescribing opioids for all patients with moderate to severe pain.

The guideline committee members said they relied on research and their own

Among the 10 experts on the task force that wrote the new guidelines, at least five had financial ties to opioid companies, as paid speakers, consultants or advisers at the time the guidelines were issued, the investigation found. A sixth, the chairman, was listed as a paid speaker for an opioid company a year later.

Task force chairman Bruce Ferrell, MD, a UCLA geriatrics specialist, said in a disclosure statement published with the 2009 Geriatrics Society guidelines that he had "no significant relationships with commercial interests."

While he was not paid directly by the drug companies at the time the guidelines came out, Ferrell had delivered messages supporting use of the painkillers in venues funded by the firms.

In 2007, Ferrell wrote favorably about opioids as part of a continuing medical education course on treating pain in the elderly that was funded by Endo Pharmaceuticals, an opioid maker.

He also talked about the benefits of the drugs in a 2008 DVD about treating pain in seniors that was funded by PriCara.

In 2010, a year after the guidelines came out, Ferrell was listed as a paid speaker for Endo Pharmaceuticals. And he helped conduct a continuing medical education case study about treating osteoarthritis pain that was funded by Purdue Pharma.

Ferrell did not respond to repeated emails and phone calls for comment for this article.

Perry Fine, MD, another member of the geriatrics guideline committee and a pain specialist at the University of Utah, was a paid consultant or speaker for at least six opioid companies at the time the guidelines came out.

He also has served on the board of directors of two national pain groups: The American Pain Foundation and the American Academy of Pain Medicine.

Fine also declined to comment, as did the other panel members.

Critics Point to Money Trail

as a result, they mistakenly recommended opioids over traditional, anti-inflammatory drugs.

"Finding prominent experts without these conflicts of interest isn't very hard," said Kolodny, president of Physicians for Responsible Opioid Prescribing. "Looks like (they) didn't even try."

Since 2009, the American Geriatrics Society has received a total of \$344,000 in funding from opioid makers, according to records the group provided to the Journal Sentinel/MedPage Today.

AGS officials declined an interview, but said by email that the money amounted to less than 2% of the association's annual revenue and didn't influence its guidelines.

Earlier this month, the U.S. Senate Committee on Finance launched an investigation into financial relationships between opioid makers, doctors and several national organizations -- including the Geriatrics Society -- citing stories published in the Journal Sentinel/MedPage Today and other publications.

Too Strong Medicine

Soon after her 2009 hysterectomy, Patricia Wickert started taking OxyContin to help manage her pain and almost immediately she began to show its effects.

Her son Ron put it this way, "She wasn't as sharp. She was lethargic."

Her doctor switched her to hydrocodone, also "too strong" according to her family.

Sometimes she'd take Tylenol to deal with the pain, and seemed much more alert, he said. But she often got confused when using hydrocodone and took too many pills, her son recalled.

The side effects Patricia Wickert experienced are common with opioids, especially for elderly people, research shows.

Yet organizations that have received drug company funding have made overwhelmingly positive claims about the drugs: The risk of addiction is rare; few patients will need to increase their dose; there is no unsafe maximum dose. The

Side effects include overdosing, increased risk of falls and fractures in older people, serious cognitive problems and a condition in which opioids actually cause worsening pain.

"They can get quite befuddled on opioids, which may not be obvious until it gets really bad," said Jane Ballantyne, MD, a professor of anesthesiology and pain medicine at the University of Washington. "Falls and fractures can shorten life when they occur in older people."

None of these side effects were included in a pain guide funded by PriCara, and endorsed by the American Geriatrics Society.

Instead, the 2009 guide -- Finding Relief: Pain Management for Older Adults -- claims that opioids allow people with chronic pain to get back to work, run, and play sports.

But a 2008 study in the medical journal Spine found that people with back injuries were more than twice as likely to be disabled and out of work a year later if they were kept on opioids for more than seven days during the first six weeks after their injury.

"Opioids do impair function and impede return to work after injury," said Ballantyne.

She also took issue with the guide because it includes no section listing the disadvantages of opioid painkillers while naming several "disadvantages" for traditional pain medications such as ibuprofen (Advil) and naproxen (Aleve).

Research has shown opioids can cause a long list of serious complications, including respiratory suppression, sleep apnea, bowel obstruction, constipation, depression, apathy and increased pain sensitivity.

The guide describes as a "myth" any worries that patients may need increased doses of opioids over time to control their pain. Unless the pain gets worse, it says, patients will "probably remain on the same dose or need only small increases over time."

That claim runs counter to the experience of Stephen Abram, MD, a pain specialist and professor of anesthesiology at the Medical College of Wisconsin, who said patients often build up a tolerance for the drugs and need ever-higher doses.

Abram said that while some people might do well on opioids, the majority of older patients should not stay on the drugs because of side effects, because they do not get adequate pain relief, or because they exhibit signs of abuse.

The AGS said it stands behind its approval of the guide, and is "deeply concerned that public policy may create barriers that will limit older adults' access to pain medicine ..."

Sharon Brangman, MD, the society's president, added in a written statement:

"There is simply no reason to let millions of frail Americans live with horrible pain every day despite having medications that would bring them rapid relief. While we don't advocate casual or improper use of opioids, we do believe that with careful patient selection and monitoring, opioids can be used safely and effectively to treat persistent pain and help avoid its many related costs and complications."

The same guide has been endorsed by the American Academy of Pain Medicine, which received \$1.3 million from pharmaceutical companies last year.

The company that funded the guide, PriCara, which is now Janssen Pharmaceuticals, said in a statement that the brochure "provides balanced and accurate information for healthcare professionals to share with patients about different pain treatments, including the benefits, risks and need for responsible use of opioids."

In fact, the guide mentions only a few minor risks such as upset stomach, sleepiness and constipation.

Another guide put out by the AGS claims that opioid medications cause fewer serious side effects than traditional over-the-counter pain medications.

Known and Unknown Risks

But a lot more is known about the safety of over-the-counter pain meds than opioids, said Michael Von Korff, ScD, an opioid researcher with Group Health Research Institute in Seattle.

"You don't know if you are jumping out of the frying pan of (over-the-counter drugs) and into the fire (with opioids)" said Von Korff a member of Physicians for

The few studies comparing the long-term safety of prescription opioids with over-the-counter pain relievers have been inadequate to draw firm conclusions, Von Korff said.

Because of the lack of research, doctors often have to make their best guess about the safety of the drugs in a particular patient.

One of the most recent studies comparing the two types of medications raised serious concerns about opioids.

A 2010 paper in the [Archives of Internal Medicine](#) described data collected on 12,840 Medicare patients with an average age of 80 who had used opioids; traditional, anti-inflammatory drugs; or a class of non-narcotic prescription painkillers that includes the drug Celebrex. Among the findings:

- Opioid users were more than four times more likely to suffer a fracture than users of traditional, anti-inflammatory drugs.
- Deaths from any cause were 87% more likely among opioid users.
- Cardiovascular events, including heart attacks, strokes and cardiac death, were 77% higher in opioid users than in users of anti-inflammatory drugs.

"There is a lot more risk than meets the eye with opioids and older people," said Daniel Solomon, MD, the study's lead author and an associate professor of medicine at Harvard Medical School.

A 2010 study in the [Annals of Internal Medicine](#) looked at nearly 10,000 people who had received three or more opioid prescriptions over 90 days. The researchers found 51 had suffered an overdose, including six deaths.

Among the 40 overdoses that were considered serious, the most -- 15 -- occurred in those ages 65 and older.

Mary's Story

Mary, whose family asked that her last name not be used for privacy reasons, was in her late 40s or early 50s, when she fell at work. She had back surgery and a knee replacement.

She began taking narcotic painkillers to deal with chronic back and knee pain. Her family admits that she became addicted to painkillers, in particular oxycodone.

"She'd come over for supper and she looked like she was in a daze," said Mary's sister. The family tried to get Mary to take fewer pills, but she told them she was always in pain.

They found her in her apartment one morning in January 2011.

Cause of death: oxycodone intoxication.